

Exhibit D

Form 6-Summary  
(10/05)

United States Bankruptcy Court  
Eastern District Of WISCONSIN

In re Stephen E. Lee  
Debtor

Case No. \_\_\_\_\_

Chapter 7

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities."

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	01	\$ 0		
B - Personal Property	Yes	03	\$ 0		
C - Property Claimed as Exempt	Yes	01			
D - Creditors Holding Secured Claims	Yes	02		\$ 0	
E - Creditors Holding Unsecured Priority Claims	Yes	02		\$ 17,597.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	08		\$ 27,693.98	
G - Executory Contracts and Unexpired Leases	Yes	01			
H - Codebtors	Yes	01			
I - Current Income of Individual Debtor(s)	Yes	01			\$ 0
J - Current Expenditures of Individual Debtors(s)	Yes	01			\$ 0
TOTAL			\$ 0	\$ 45,290.98	

United States Bankruptcy Court

Eastern District Of Wisconsin

In re Stephen F. Lee  
Debtor

Case No. \_\_\_\_\_

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES (28 U.S.C. § 159)**  
**[Individual Debtors Only]**

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <u>17,597.00</u>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <u>0</u>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ <u>0</u>
Student Loan Obligations (from Schedule F)	\$ <u>0</u>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <u>0</u>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <u>0</u>
TOTAL	\$ <u>17,597.00</u>

The foregoing information is for statistical purposes only under 28 U.S.C. § 159.

In re Stephen E. Lee  
Debtor

Case No. \_\_\_\_\_  
(If Known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H—Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6820845267 Wisconsin Electric 333 W EVERETT ST MILWAUKEE, WI 53290-0001			06/2004		X		\$2,631
ACCOUNT NO. 1048-876-198 Wisconsin Electric P.O. Box 2046 MILWAUKEE, WI 53201-2046			11/05		X		\$2,189.07
ACCOUNT NO. Rocket 556 007180 MILWAUKEE Circuit Court 901 N 9th Street Milw, WI 53233 Plaintiff Wisconsin Electric			04/2005		X		\$1,220
ACCOUNT NO. 9160175254 Alltel Communications 1 Allied Dr Building 5 Floor Little Rock, AR 72202			N/A		X		\$935.00
<div style="display: flex; justify-content: space-between;"> <span>07 Continuation sheets attached</span> <div> Subtotal &gt; (Total of this page) \$ 6,975 Total &gt; (Report total also on Summary of Schedules) \$ </div> </div>							

In re Stephen E. Lee  
Debtor

Case No. \_\_\_\_\_  
(If Known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5291072146648254 Capital one BANK 4851 Cox Rd #1203 Glen Allen, VA 23060			02/2002		X		\$1,046
ACCOUNT NO. 1645569123 Credit Protection 13355 Noel Rd #201A DALLAS, TX 75240-6602			N/A		X		\$195.00
ACCOUNT NO. 1006999188 Franklin Coll SVC P.O. Box 3910 Tupelo, MS 38803-3910			N/A		X		\$241.99
ACCOUNT NO. 05-055711- 25571146427-01 Credit Protection 13355 Noel Rd DALLAS, TX 75240			N/A		X		\$25.28
ACCOUNT NO. 105494403-0040 SINAI SAMARITAN Med Ctr P.O. Box 04309 Milw, WI 53204-0309			02/09/2000		X		\$465.41
ACCOUNT NO. 609194 Med Health Financial Serv P.O. Box 1996 Milw, WI 53201-1996			06/2/2000		X		\$465.00

Sheet no. 02 of 08 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 2,418.66  
(Total of this page)  
Total > \$ \_\_\_\_\_  
(Use only on last page of the completed Schedule F)  
(Report total also on Summary of Schedules)

In re: Stephen E. Lee

Debtor(s)

Case No.

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO DE BT	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
ACCOUNT NO. 565424 Med Health Financial Serv P.O. Box 1996 Milw, WI 53201-1996			12/03		\$292.00
ACCOUNT NO. 2643888 State Collection Service P.O. Box 6250 Madison, WI 53716-0250			11/02		\$ 2,262.00
ACCOUNT NO. 005033021 Great Lakes Radiologists P.O. Box 511400 New Berlin, WI 53151-3200			10/02		\$ 56.00
ACCOUNT NO. 8570764649 Midland Credit MGMT INC 8875 Aero Dr Ste 2 San Diego, CA 92123			N/A		\$943.00
ACCOUNT NO. 4708142 Phillips & Cohen Associates Ltd 258 Chapman Rd Suite 205 Newark, DE 19702			N/A		\$ 753.85
ACCOUNT NO. 110006984 Legacy Bank 2102 W Ford du Lac Ave Milw, WI 53206			N/A		\$ 366.35
ACCOUNT NO. 7635124 SW Credit Systems INC 2629 Dickensson PKW CARROLLTON, TX 75007-4408			4/04		\$485.00
ACCOUNT NO. 9142632287359 CFL FINANCIAL LLC P.O. Box 318038 Cleveland, OH 44134-8038			N/A		\$537.51
ACCOUNT NO. 514904500003 Chase BANK USA 800 Brookside Blvd Westerville, OH 43081-2895			08/2005		\$ 3,000

03

Continuation Sheets attached.

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Subtotal -&gt;

\$ 8,319.34

Total of this page)

Total -&gt;

\$

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Debtor(s)

Case No.

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO DE BT	HW JC	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
ACCOUNT NO. <u>1722</u>					
Ce R Tegx P.O. Box 30046 Tampa, FL 336303046			12/03		\$423.00
ACCOUNT NO. <u>655082030</u>					
NCO FINANCIAL SYSTEMS INC 100 CONSTITUTION AVE UPPER MERY, PA 190822230			05/03		\$95.00
ACCOUNT NO. <u>3717</u>					
CBC NATIONAL Collections 236 E. TOWN ST COLUMBUS, OH 432154633			05/03		\$241.00
ACCOUNT NO. <u>10100AME40950</u>					
DEBT Credit SERVICES 2443 ROMIGRA AKRON, OH 443204109			08/05		\$233.00
ACCOUNT NO. <u>60XXXX</u>					
Med Health Financial Servi 9000 W. WISCONSIN AVE #604 MILW, WI 53226-3518			09/02		\$465.00
ACCOUNT NO. <u>10410</u>					
Berlin Wheeler P.O. Box 463 Jefferson City, MO 651020463			01/2004		\$32.00
ACCOUNT NO. <u>F432814-4</u>					
New Berlin Municipal Court 16300 W. NATIONAL AVENUE New Berlin, WI 53151			12/15/04 Citation # F432814-4 Citation # 0531		\$102.00
ACCOUNT NO.					
Glendale Municipal Court 5909 N. MILWAUKEE RIVER PKWY Glendale, WI 53209			Citation # N355284 Citation # F115374-1		\$412.00 \$77.20
ACCOUNT NO.					
City of Brookfield Municipal Court 2100 N. CAL HOUN RD Brookfield, WI 53005			Citation # F173046-6 # F173047-0		\$77.20 \$10.00

04

Continuation Sheets attached.

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Subtotal -&gt;

\$ 2,447.40

Total -&gt;

\$